

Health Information Exchange (HIE) Use Case Design Group Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
Aug 30, 2017	2:30 pm – 4:00 pm ET	Webinar link: https://zoom.us/j/216423119 Telephone: (646) 558-8656 OR (408) 638-0968 Meeting ID: 216 423 119

Design Group Members					
Stacy Beck	X	Gerard Muro, MD	X	Lisa Stump, MS, RPh	
Patricia Checko, DrPH, MPH	X	Mark Raymond	X		
Kathy DeMatteo	X	Jake Star	X		
Design Group Support					
Michael Matthews, CedarBridge	X	Allan Hackney, HIT PMO		Mark Schaefer, SIM PMO	
Carol Robinson, CedarBridge		Sarju Shah, HIT PMO		Faina Dookh, SIM PMO	
Chris Robinson, CedarBridge	X	Kelsey Lawlor, HIT PMO		Kate Hayden, UCONN	
Christina Coughlin, CedarBridge	X	Patrick Sturgeon, Anthem	X	Kate Steckowych, UCONN	X
Greg Petrossian, CedarBridge	X		X	Alan Fontes, UCONN	X

Minutes		
	Agenda Topic	Notes
1.	Comments on 8/23/17 Minutes	The meeting summary from 8/23/17 was discussed. The summary mentioned the Advanced Directives use case was both consolidated with POLST/MOLST and moved forward to the top ten use case list. It was asked to correct the summary to reflect the consolidation of Advanced Directives with POLST/MOLST but not the moving forward of the use case. The meeting minutes were approved with this change. (Note: the amended minutes were later distributed via email for further approval.)
2.	Review Meeting Schedule	<p>The Design Group meeting schedule was reviewed. The pending work load was assessed, signaling the need to push the final Design Group meeting on 9/6/17 out further to early October in order to comprehensively review technology infrastructure needs for use cases, as well as engage stakeholders to validate the value of first wave use cases. Consequently, the final recommendations by the Design Group to the Health IT Advisory Council was proposed to occur in the October Council Meeting rather than September.</p> <p>Moving the final Design Group meeting to early October and providing final recommendations to the Health IT Advisory Council Meeting in October was agreed.</p>
3.	Overview of Process and Remaining Work	Slides of the prioritization methodology, inclusion criteria responses, and combined use case composite score rankings were reviewed. The weighting of the two activities, prioritization matrix and top ten survey, were recalibrated for equal weighting and presented. It was noted that the Design Group Session #8 results were presented before the recalibration of weighting and missing one Design Group member's response. It was also noted that the only change to have occurred for the combined use case composite score rankings was that Care Coordination: Referral Management and eConsult use cases switched places to seventh and eighth respectively.

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		<p>Slides presenting the “Combined Top Ten”, “In the Middle”, and “Neither Top Ten” use cases were reviewed to highlight use cases that were in consideration to move forward with first wave potential. It was noted that the Transitions of Care use case is not a technology and thus was consolidated with the Encounter Alerts use case. The Public Health Reporting use case was viewed as complementary to the Immunizations Information System (IIS) use case as a pathway for the Department of Public Health to submit immunizations along with syndromic surveillance or reportable labs. It was also noted that the Advanced Directives use case was consolidated with the POLST/MOLST use case and highlighted as consideration for first wave for planning purposes. Mark Schaefer and Tom Agresta will further assess this use case and inform the Design Group of their considerations.</p> <p>It was highlighted that Medication Reconciliation use case did not make the combined top ten list although it was the only use case to pass both inclusion criterion. It was discussed that this use case would require a separate operation from the Health Information Exchange (HIE) and relied on complicated infrastructure. It was asked if Medication Reconciliation would be part of the Longitudinal Health Record as medications are a core component of chronic care management. It was discussed that the Longitudinal Health Record incorporates a medication list but does not meet the needs for reconciling medications across care provider entities. Support for including the Medication Reconciliation use case as top ten was agreed upon.</p> <p>The Patient Portal use case, previously designated for top ten, was discussed to validate the decision in light of the fact it had scored as a “Neither Top Ten” use case. It was discussed that Connecticut legislation outlines the need for a patient portal, and the complexity of the use case should not deter it from being considered as top ten. There was no objection to keeping Patient Portal as a top ten use case as this was consistent with the overall priority of keeping the patient/consumer as the “North Star”.</p> <p>The Emergency Department (ED) Super Utilizers use case was discussed and merits for including for further review and consideration as first wave were debated. The Design Group recommended that the decision on this use case be delegated to Lisa Stump given her experience and knowledge in this area.</p> <p>The Care Coordination: Referral Management use case was discussed, but the Design Group decided not to advance this use case at this time.</p> <p>The “Neither Top Ten” use cases slide was reviewed. The Design Group was asked to nominate any use cases that fell to this category as worthy for top ten designation. It was proposed that the Image Exchange use case was to move forward for top ten designation. It was emphasized that patients in emergency rooms are frequently re-scanned, causing wasted cost and increased radiation exposure. Access to an image exchange would directly</p>
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		curb duplicative imaging efforts across the care continuum. The suggestion to move the Image Exchange use case forward was accepted.
4.	Use Cases Under Consideration	<p>Final call for any use cases that had not been designated for the top ten list was made, and no other use cases were suggested for consideration as first wave.</p> <p>A summary of use cases designated for further review and consideration was provided: Longitudinal Health Record, Population Health Analytics, Care, Encounter Alerts, Public Health Reporting, ED Super Utilizers (contingent), Medication Reconciliation, Advanced Directives - POLST/MOLST, Image Exchange, and Patient Portal. It was noted that IIS and Electronic Clinical Quality Measures were designated separately as first wave use cases. The motion carried with all Design Group members agreeing.</p>
5.	Meeting Wrap-up and Next Steps	<p>The need for three to four thought leaders to validate the use case top ten list was discussed. It was proposed to re-schedule the last Design Group meeting to 10/11/17. The motion to re-schedule was agreed with no objection. It was proposed to include an analysis of use cases supported by other state HIEs in the September Health IT Advisory Council meeting. The motion was agreed.</p> <p>It was proposed to add an additional Design Group meeting on 10/4/17 as a review session prior to the final Design Group meeting. Meeting notices for October 4 and October 11 will be sent by email.</p> <p>The efforts of the Design Group members were thanked and the meeting concluded at 3:37 pm.</p>

Action Item	Responsible Party	Due Date
Send missing Design Group members meeting recording and summary	CedarBridge	9/1/17
Revise 8/23/17 Design Group meeting summary and distribute for approval	CedarBridge	9/1/17
Cancel 9/6/17 final Design Group meeting and re-schedule for 10/11/17	CedarBridge	9/1/17
Add Design Group meeting on 10/4/17	CedarBridge	9/8/17
Confirm decision on ED Super Utilizers use case with designated Design Group member	CedarBridge	9/8/17
Include supported HIE use cases by other state HIEs analysis for September Health IT Advisory Council meeting	CedarBridge	9/21/17